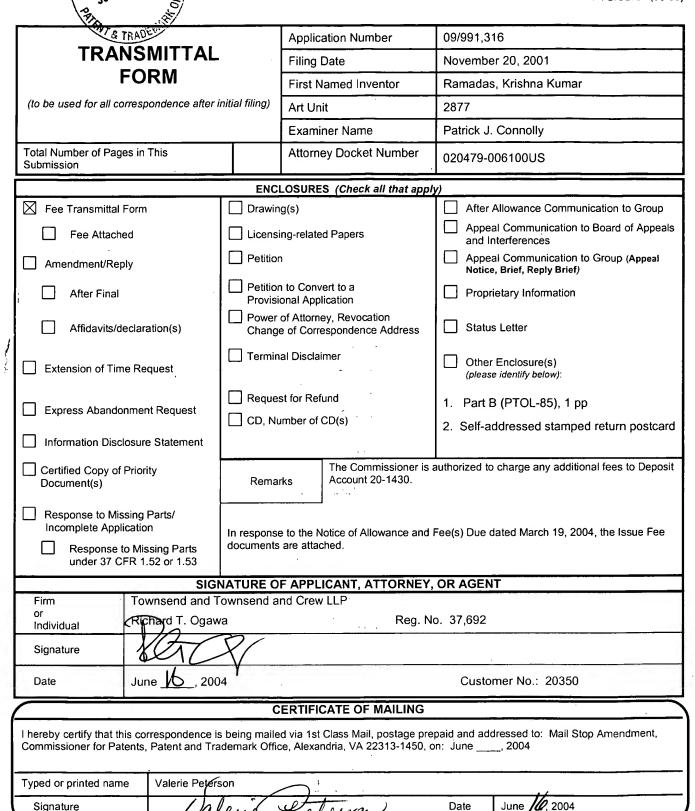
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	his form, together with	h applicable fe	or <u>Fax</u>	Mail Stop ISS Commissioner P.O. Box 1450 Alexandria, V (703) 746-4000	r for Patents irginia 22313-1450	hould be completed where			
appropriate. All further coindicated unless corrected maintenance fee notification	rrespondence including the I below of tilleuted otherwise ns.	Patent, advance ordin Block 1, by (a)	ders and notification specifying a new	n of maintenance fee correspondence addr	equired). Blocks I through 4 ses will be mailed to the current ess; and/or (b) indicating a separate	correspondence address as arate "FEE ADDRESS" for			
	CE ADDRESS (Note: Legibly mark-up	with any corrections or	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
	ND TOWNSEND AN DERO CENTER	ND CREW, LI	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.						
			Valetie P	(Depositor's name)					
				Valen	(Signature)				
				June //o	, 2004	(Date)			
APPLICATION NO.	FILING DATE	1	FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
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APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE I	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nor rovisional	YES	\$665		\$0	\$665	06/21/2004			
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CONNOLLY	, PATRICK J	2877		385-017000					
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Townsend and Townsend and Crew 2								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (print	t or type)					
PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN	ed to the USPTO or is being s	submitted under sep	oarate cover. Compl	he patent. Inclusion of etion of this form is I TY and STATE OR	of assignee data is only appropri NOT a substitute for filing an ass COUNTRY)	ate when an assignment has signment.			
Nayna Ne	tworks, Inc.		Milpitas	s, Californ	ia				
Please check the appropriate	e assignee category or catego	ries (will not be pri	nted on the patent);	☐ individual 2	Corporation or other private g	Toup entity 🚨 government			

Nayna Netw	orks,	Inc.			Milpitas,	Californ	nia			
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4a. The following fee(s) are end	losed:			4b. Pay	ment of Fee(s):					
XIX Issue Fee				ūΑ	check in the amo	unt of the fee(s)	is enclosed.			
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This collection of information obtain or retain a benefit by application. Confidentiality is estimated to take 12 minutes completed application form t case. Any comments on the suggestions for reducing this Patent and Trademark Off 22313-1450. DO NOT SEN SEND TO: Commissioner for	the USI amount burden, sice, U.S. D FEES	of time vould be sen Department OR COMPI	gathering, provided will vary deport to the Chiest to the Chiest of Common LETED FOR	ending upon complete the f Information erce, Alexands TO TH	the individual is form and/or on Officer, U.S.		∠: AV	AILABLE (COP	Ϋ́
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FEE TO A NICHITTAL	Complete if Known						
TE TRANSMITTAL	Application Number	09/991,316					
FEE TRANSMITTAL	Filing Date	November 20, 2001					
Effective 10/01/2003. Patent fees are subject to annual revision.	First Named Inventor	Ramadas, Krishna Kumar					
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Patrick J. Connolly					
	Art Unit	2877					
TOTAL AMOUNT OF PAYMENT (\$) 665.00	Attorney Docket No.	020479-006100US					

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)								
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The Director Is authorized to: (check all that apply)					920*	1804	920*	Requesting public Examiner action	ation of Si	R prior to		
Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s)					1,840	* 1805	1,840*	Requesting public Examiner action	ation of SI	R after		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				1502	480	2502	240	Design issue fee				
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Total Claims below Fee Paid Total Claims -** =				1807	50	1807	50	Petitions related to provisional applications				
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Name (Print/Type) Richard T Ogavya Registration No. (Attorn			ey/Agent) 37,692 Telephone (650) 326-2			26-2400						

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June <u>6</u>, 2004